

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045303

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** COURT ENTERPRISES AND SETTLEMENT SERVICES, LLC

**Current Principal Place of Business:**

4018 CLINTON RD  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 686  
VALRICO, FL 33595

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBER, STEPHANIE  
4018 CLINTON RD  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BARBER, STEPHANIE  
Address: 4018 CLINTON RD  
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM  
Name: ROBINSON, JOHN  
Address: 4018 CLINTON RD  
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM  
Name: SCHWARTZ, MELISSA  
Address: 33127 HILDA RD  
City-St-Zip: RIDGE MANOR, FL 33523 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** STEPHANIE BARBER

MGR

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date